



TRUCKEE MEADOWS WATER AUTHORITY
Section §115 Other Post-Employment Benefit Plan & Trust
Trustee Meeting
AGENDA
Tuesday April 21, 2020 at 12:30 p.m.
Meeting Via Teleconference

MEMBERS OF THE PUBLIC MAY ATTEND TELPHONICALLY BY CALLING THE NUMBER LISTED BELOW.

NO PHYSICAL LOCATION IS BEING PROVIDED FOR THIS MEETING

(be sure to keep your phones on mute, and do not place the call on hold)

Phone: (775) 325-5404

Meeting ID: 196 429 266#

1. Roll call*
2. Public comment—limited to no more than three minutes per speaker*
3. Approval of the agenda **(For Possible Action)**
4. Approval of the January 21, 2020 minutes. **(For Possible Action)**
5. Review and consideration for approval of request for reimbursement of premiums – Rosalinda Rodriguez **(For Possible Action)**
6. Review of Retirement Benefits Investment Fund (RBIF) performance review—Michele Sullivan*
7. Trustee comments and requests for future agenda items*
8. Public comment—limited to no more than three minutes per speaker*
9. Adjournment **(For Possible Action)**

NOTES:

1. This meeting is being conducted pursuant to the Governor's Declaration of Emergency Directive 006 ("Directive 006") http://gov.nv.gov/uploadedFiles/govnewnv.gov/Content/News/Emergency_Orders/2020/DeclarationofEmergencyDirective006reOML.3-21-20.pdf
2. The announcement of this meeting has been electronically posted in compliance with NRS 241.020(3) and Directive 006 at <http://www.tmwa.com>, and NRS 232.2175 at <https://notice.nv.gov/>.
3. Pursuant to Directive 006, the requirement contained in NRS 241.020(3)(c) that physical locations be available for the public to receive supporting material for public meetings has been suspended. Staff reports and supporting material for the meeting are available on the TMWA website at <http://www.tmwa.com/meeting/> or you can contact Rosalinda Rodriguez at (775) 834-8294. Supporting material is made available to the general public in accordance with NRS 241.020(6).
4. The Board may elect to combine agenda items, consider agenda items out of order, remove agenda items, or delay discussion on agenda items. Arrive at the meeting at the posted time to hear item(s) of interest.
5. Asterisks (*) denote non-action items.
6. Pursuant to Directive 006, public comment, whether on action items or general public comment, may be provided without being physically present at the meeting by submitting written comments online on TMWA's Public Comment Form (tmwa.com/PublicComment) or by email sent to boardclerk@tmwa.com prior to the Board opening the public comment period during the meeting. In addition, public comments may be provided by leaving a voicemail at (775)834-0255 prior to 4:00 p.m. on April 20th. Voicemail messages received will either be broadcast on the telephone call during the meeting or transcribed for entry into the record. Public comment is limited to three minutes and is allowed during the public comment periods. The Board may elect to receive public comment only during the two public comment periods rather than each action item.



Section 115 Post-Retirement Medical Plan & Trust

*a single employer plan sponsored by
Truckee Meadows Water Authority*

DRAFT January 21, 2020 MINUTES

The meeting of the TMWA Section 115 Post-Retirement Medical Plan and Trust (Trust) Trustees was held on Tuesday, January 21, 2020 in the Truckee Meadows Water Authority Independence Room, 1355 Capital Blvd., Reno, Nevada.

Michele Sullivan, Chairman, called the meeting to order at 12:30 p.m.

1. ROLL CALL AND DETERMINATION OF PRESENCE OF A QUORUM.

A quorum was present.

Voting Members Present:

Michele Sullivan
Sandra Tozi
Charles Atkinson

Voting Members Absent:

Randall Van Hoozer

Members Present

Rosalinda Rodriguez
Gus Rossi

Members Absent:

Jessica Atkinson
Mike Venturino

2. PUBLIC COMMENT

There was no public comment.

3. APPROVAL OF THE AGENDA

Upon motion made and seconded, and carried by unanimous consent of the Trustees present, the Trustees approved the agenda.

4. APPROVAL OF THE OCTOBER 15, 2019 MINUTES

Upon motion made and seconded, and carried by unanimous consent of the Trustees present, the Trustees approved the October 15, 2019 meeting minutes.

5. DISCUSSION AND ACTION ON SIGNING 115 OTHER POST-EMPLOYMENT BENEFIT PLAN AND TRUST BOARD OF TRUSTEES ANNUAL PLEDGE OF PERSONAL COMMITMENT/DISCLOSURE FORM

Ms. Rodriguez reviewed the annual pledge of personal commitment/disclosure form that Trustees are required to review and sign. Trustees submitted their signed forms for 2020.

For informational purposes only, no action required.

6. REVIEW AND CONSIDERATION FOR APPROVAL OF REQUEST FOR REIMBURSEMENT OF PREMIUMS

Ms. Rodriguez presented a premium reimbursement request for supplemental coverage through Senior Care plus paid for by a retiree.

Upon motion made and seconded, and carried by unanimous consent of the Trustees present, the Trustees approved the reimbursement request for Senior Care Plus premiums paid for by the retiree.

7. PRESENTATION OF THE BUDGET FOR CALENDAR YEAR 2020

Ms. Sullivan presented the §115 budget for calendar year 2020 based on the latest actuarial evaluation. TMWA should be receiving an updated actuarial evaluation within the next 3 months, based on current information. TMWA will be required to contribute \$107,623, to cover benefits and administrative costs. The budget reflects an estimation that 6 beneficiaries will contribute \$23,000, which Ms. Sullivan explained are low and could be higher later on. There are minor investment expenses from the RBIF of \$200. The estimated increase of \$69,123 is conservative at 2%.

Upon motion made and seconded, and carried by unanimous consent of the Trustees present, the Trustees approved the budget for calendar year 2020.

8. REVIEW OF RETIREMENT BENEFITS INVESTMENT FUND (RBIF) PERFORMANCE REVIEW*

Ms. Sullivan informed Trustees that we have not received updated RBIF performance statements since September. December's statement should be received before the April meeting. It is anticipated that Ms. Sullivan will review the RBIF's performance reports during the April Trustee meeting.

For informational purposes only, no action required.

9. TRUSTEE COMMENTS AND REQUESTS FOR FUTURE AGENDA ITEMS

RBIF investment/return analysis next quarter.

Actuarial analysis

10. PUBLIC COMMENT – LIMITED TO NO MORE THAN THREE MINUTES PER SPEAKER

There was no public comment.

11. ADJOURNMENT

With no further business to discuss, Chairperson Sullivan adjourned the meeting at 12:36 p.m.

Minutes were approved by the Trustees in session on _____.

Respectfully Submitted,

Rosalinda Rodriguez, Recording Secretary

Attach copies of Proof of Insurance and Payment of Premium. See back of form for examples of acceptable documentation.

I certify that the above information is correct. I understand that I will not be reimbursed for medical insurance premiums for any period during which I was not eligible for participation or failed to maintain coverage. I further understand that if I receive reimbursement for premiums for which I was not eligible or did not meet eligibility criteria, the Trust may recover these payments from my future benefit award(s) and I will be liable for all related taxes. I also authorize the Trust, and its designees to contact the insurance company I have listed above to verify coverage and premium amounts paid. I certify that all expenses for which reimbursement or payment is claimed were incurred by myself while eligible to receive benefits under the trust. I also certify as follows: 1.) The premium expenses have not been reimbursed or will not be reimbursed by any other plan, 2.) The premium expenses were not paid by an employer of a participant or an employer of a participant's spouse on a "pre-tax" basis, including, without limitation, a policy or plan offered by an employer under a Code Section 125 plan (commonly referred to as a "Cafeteria Plan"). I understand that I am fully responsible for the sufficiency, accuracy, and veracity of all information relating to this reimbursement request.



Retiree Signature:

Date:

1-31-2020

OPEB Approval*:

Date:

Accounting Approval**:

Date:

* Indicates the reimbursement request & back up are sufficient and expenses qualify as eligible for reimbursement under the trust.

** Indicates the trust accountant has ensured any amounts reimbursed are within the participants available trust balance.

Return completed form to: OPEB c/o TMWA Human Resources, PO Box 30013, Reno, NV 89520

§115 OPEB Trust - Medical and/or Vision Premium Expense Reimbursement Request

In order for an eligible recipient to receive reimbursement of medical insurance premiums from the Post Retirement Medical Plan & Trust, the eligible participant must submit at least one of the following as proof of payment for the medical insurance premiums:

- A copy of the invoice from the insurance company and copy of the receipt of payment;
- A copy of the invoice from the insurance company and copy of the front and back of the cancelled check made out to the insurance company;
- A copy of a pay stub if the pay stub clearly shows a deduction for medical insurance on a post-tax basis;
- A statement from the eligible recipient's employer listing dates and amounts of premiums deducted from wages on a post-tax basis;
- A copy of a bank statement showing deductions for medical insurance if the statement clearly indicates payment to a company that provides only medical insurance;
- A copy of a bank statement showing deductions to an insurance company along with a statement from the insurance company listing dates and amounts of premiums; or
- Other documentation which the Trust, or its designees, determines is sufficient to prove payment for medical insurance.



Social Security Administration

Date: January 31, 2020

You asked us for information from your record. The information that you requested is shown below. If you want anyone else to have this information, you may send them this letter.

Information About Current Social Security Benefits

Beginning December 2019, the full monthly Social Security benefit before any deductions is [REDACTED]

We deduct \$144.60 for medical insurance premiums each month.

*Medicare Part B
New Amount for
2020*

The regular monthly Social Security payment is [REDACTED]
(We must round down to the whole dollar.)

Social Security benefits for a given month are paid the following month. (For example, Social Security benefits for March are paid in April.)

Your Social Security benefits are paid on or about the second Wednesday of each month.

Information About Past Social Security Benefits

From December 2018 to November 2019, the full monthly Social Security benefit before any deductions was [REDACTED]

The regular monthly Social Security payment was \$1,100.00.
(We must fund down to the whole dollar.)

If we had had the regular Social Security payment, we would have been able to pay the bill.

The date of the bill is 04/15/2020.

TERMINAL
04/15/2020
04/15/2020

The bill is for the month of April 2020.

You are billed in a bill that is due on 04/15/2020.

Your Medicare number is 3456 7890 1234. You may use this number to get a copy of your bill.

Services were waiting for your Medicare card.

04/15/2020

04/15/2020

04/15/2020

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04/15/2020

04/15/2020

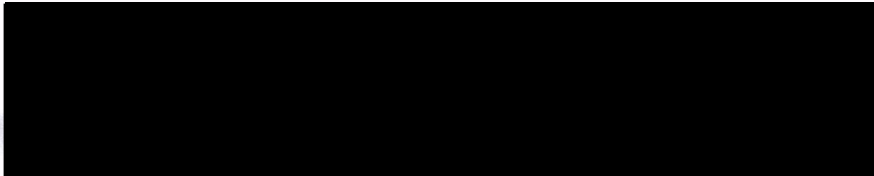
04/15/2020

We deducted \$135.50 for medical insurance premiums each month.

The regular monthly Social Security payment was [REDACTED]
(We must round down to the whole dollar.)

Type of Social Security Benefit Information

You are entitled to monthly retirement benefits.



Medicare Information

You are entitled to hospital insurance under Medicare beginning June 2018.

You are entitled to medical insurance under Medicare beginning June 2018.



If you have any questions, please log onto Medicare.gov, or call 1-800-MEDICARE (1-800-633-4227).

Suspect Social Security Fraud?

Please visit <http://oig.ssa.gov/r> or call the Inspector General's Fraud Hotline at 1-800-269-0271 (TTY 1-866-501-2101).

If You Have Questions

We invite you to visit our web site at www.socialsecurity.gov on the Internet to find general information about Social Security. If you have any specific questions, you may call us toll-free at 1-800-772-1213, or call your local office at 800-772-1213. We can answer most questions over the phone. If you are deaf or hard of hearing, you may call our TTY number, 1-800-325-0778. You can also write or visit any Social Security office. The office that serves your area is located at:

SOCIAL SECURITY
1170 HARVARD WAY

MEMORANDUM FOR THE BOARD OF DIRECTORS

DATE: 04/21/2020

TO: BOARD OF DIRECTORS

FROM: [Name]

SUBJECT: [Subject]

1. [Text]

2. [Text]

3. [Text]

4. [Text]

5. [Text]

6. [Text]

7. [Text]

8. [Text]

9. [Text]



Mutual of Omaha

Policy Info

Policy Payor



Issue Date **09/01/2018**

Paid to Date **02/01/2020**

Payment Details

Date Processed 07/15/2019

Amount Paid **\$115.24**

Generated: 01/31/2020 09:11 AM



Policy Info

Policy Number: 1000000000

Issue Date: 08/01/2019

Paid to Date: 02/01/2020

Policy Details

Policy Period: 08/01/2019

Amount Paid: \$115.00

Permitted: Yes



Mutual of Omaha

Policy Info

Policy Payor



Issue Date **09/01/2018**

Paid to Date **02/01/2020**

Payment Details

Date Processed 08/15/2019

Amount Paid **\$115.24**

Generated: 01/31/2020 09:12 AM

MEMORANDUM



Policy Info

Policy Number: 1000000000

Policy Date: 01/01/2020

Paid to Date: 03/31/2020

Payment Info

Date Processed: 03/31/2020

Amount Paid: \$111.00

Generated: 04/21/2020



Mutual of Omaha

Policy Info

Policy Payor



Issue Date **09/01/2018**

Paid to Date **02/01/2020**

Payment Details

Date Processed 09/16/2019

Amount Paid **\$121.00**

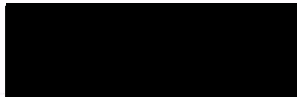
Generated: 01/31/2020 09:13 AM



Mutual of Omaha

Policy Info

Policy Payor



Issue Date **09/01/2018**

Paid to Date **02/01/2020**

Payment Details

Date Processed 10/15/2019

Amount Paid **\$121.00**

Generated: 01/31/2020 09:14 AM



Policy Info

Policy Payor Jeffrey A. S.

Policy Date 03/01/2020

Paid to Date 03/01/2020

Payment Date

Doc Processed 12/11/2019

Amount Paid \$117.00

Check used 01/11/2020



Mutual of Omaha

Policy Info

Policy Payor



Issue Date **09/01/2018**

Paid to Date **02/01/2020**

Payment Details

Date Processed 11/15/2019

Amount Paid **\$121.00**

Generated: 01/31/2020 09:14 AM



Policy Info

Policy Number: 1000000000

Policy Type: General

Paid to Date: 02/01/2020

Payment Period:

Due Date: 03/01/2020

Amount Paid: \$100.00

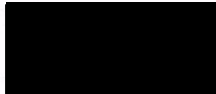
Balance Due: \$0.00



Mutual of Omaha

Policy Info

Policy Payor



Issue Date

09/01/2018

Paid to Date

02/01/2020

Payment Details

Date Processed

12/16/2019

Amount Paid

\$121.00

Generated: 01/31/2020 09:15 AM

Retirement Benefits Investment Fund

December 31, 2019

Performance

Asset Class	Market Value	Target Allocation	Actual Allocation	FYTD Return	One Year	3 Years	5 Years	10 Years	Since Inception (2008)
U.S. Stocks- S&P 500 Index	\$ 306,256,426	50.5%	50.9%	10.9%	31.4%	15.2%	11.7%	13.5%	9.8%
Market Return				10.9%	31.5%	15.3%	11.7%	13.6%	9.7%
Int'l Stocks- MSCI World x US Index	\$ 129,172,219	21.5%	21.5%	6.9%	22.6%	9.8%	5.9%	5.9%	3.1%
Market Return				6.9%	22.5%	9.6%	5.7%	5.5%	2.9%
U.S. Bonds- U.S. Bond Index	\$ 162,163,116	28.0%	26.9%	1.6%	6.9%	3.3%	2.4%	3.3%	3.4%
Market Return				1.6%	6.9%	3.3%	2.4%	3.1%	3.2%
	\$ 4,504,447	0.0%	0.8%						
Total RBIF Fund	\$ 602,096,208	100.0%	100.0%	7.4%	22.4%	10.8%	7.9%	9.0%	6.9%
Market Return				7.4%	22.5%	10.6%	7.8%	9.0%	6.9%